Important Notice Regarding Vaccine Issues

Idaho Immunization Program

May 5, 2006

(Please share this with all immunization staff members)

**** Addition of Menactra and Tdap to Idaho's Universal Immunization Program *****

Effective Monday 05/01/2006 providers may order Menactra and Tdap from the Idaho Immunization Program (IIP). Both vaccines are already listed on the current 2006 **Vaccine & Supply Order Form** and other related 2006 forms. Please place your initial order for both of these vaccines with your next regular vaccine order.

The national supply of Menactra is currently extremely limited and this will affect the IIP's ability to completely fill some provider orders. The IIP will initially distribute Menactra the same way Flu vaccine is distributed. The IIP will accept all orders and will fill orders as soon as vaccine becomes available. Any unfulfilled orders will be logged as back-orders and when more vaccine arrives the IIP will send out additional vaccine and will continue to follow this process until the original order is completely filled.

The IIP initial supply of Tdap may also be limited. If provider orders exceed the current IIP inventory orders will be filled the same as Flu and Menactra. When an order is received it may be partially filled and then as more vaccine is received unfulfilled orders will be completed. Boostrix, the Tdap brand manufactured by GlaxoSmithKline is licensed for adolescents 10 years of age through 18. However Adacel, the brand manufactured by Sanofi Pasteur is licensed for adolescents 11 years of age through 64. Please note that Tdap is not licensed for adolescents who are 7, 8 and 9 years of age, so a small inventory of Td will need to be maintained for 7, 8, 9 and 10 year olds (if Adacel is used). Providers may want to initially consider offering the choice of Td or Tdap if an adequate supply of the new Tdap vaccine is not available and the adolescent visit is for a booster dose. If the IIP Tdap initial supply is less than adequate to meet demand providers with adequate or large inventories of Td may only receive partial original shipments.

***** Menactra Recommendations and Information *****

Routine Vaccination of Adolescents

ACIP recommends routine vaccination of young adolescents (defined in this report as persons aged 11--12 years) with MCV4 at the preadolescent health-care visit (i.e., a visit to a health-care provider at age 11--12 years, at which time ACIP and other professional organizations [e.g., AAP and the American Medical Association] recommend that persons aged 11--12 years receive appropriate vaccinations and other preventive services. Introducing a recommendation for MCV4 vaccination among persons aged 11--12 years might strengthen the role of the preadolescent health-care visit and have a positive effect on vaccine coverage during adolescence. For those adolescents who have not previously received MCV4, ACIP recommends vaccination before high school entry (at approximately age 15 years) as an effective strategy to reduce meningococcal disease incidence among adolescents and young adults. By 2008, the goal will be routine vaccination with MCV4 of all adolescents beginning at age 11 years. Other adolescents who wish to decrease their risk for meningococcal disease may elect to receive vaccine. The official ACIP recommendations from **May 27, 2005 / 54(RR07);1-21** are available for review at the CDC's Morbidity and Mortality Weekly Report (MMWR) Web Site http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm

Other Populations at Increased Risk for Meningococcal Disease

Routine vaccination also is recommended for certain persons who have increased risk for meningococcal disease. Use of MCV4 is preferred among persons aged 11--55 years; however, use of

MPSV4 (Menomune) is recommended among children aged 2--10 years and persons aged >55 years. If MCV4 is unavailable, MPSV4 is an acceptable alternative for persons aged 11--55 years.

The following populations are at increased risk for meningococcal disease:

- college freshmen living in dormitories;
- microbiologists who are routinely exposed to isolates of *N. meningitdis*;
- military recruits;
- persons who travel to or reside in countries in which *N. meningitdis* is hyperendemic or epidemic, particularly if contact with the local population will be prolonged;
- persons who have terminal complement component deficiencies; and
- persons who have anatomic or functional asplenia .

Because of feasibility constraints in targeting freshmen in dormitories, colleges can elect to target their vaccination campaigns to all matriculating freshmen. The risk for meningococcal disease among non-freshmen college students is similar to that for the general population of similar age (age 18--24 years). However, the vaccines are safe and immunogenic and therefore can be provided to non-freshmen college students who want to reduce their risk for meningococcal disease.

For travelers, vaccination is especially recommended to those visiting the parts of sub-Saharan Africa known as the "meningitis belt" during the dry season (December--June). Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj. Advisories for travelers to other countries will be issued when epidemics of meningococcal disease caused by vaccine-preventable serogroups are detected. Travelers' health information is available from CDC at 877-FYI-TRIP (toll-free) or at http://www.cdc.gov/travel. Further information concerning geographic areas for which vaccination is recommended can be obtained from international health clinics for travelers and state health departments.

Patients with human immunodeficiency virus (HIV) are likely at increased risk for meningococcal disease, although not to the extent that they are at risk for invasive *S. pneumoniae* infection. Although the efficacy of MCV4 among HIV-infected patients is unknown, HIV-infected patients may elect vaccination. For persons aged 11--55 years who have been previously vaccinated with MPSV4, revaccination with MCV4 is not indicated unless vaccination occurred 3--5 years previously and the person still remains at increased risk for meningococcal disease.

***** Tdap Recommendations and Information *****

Two Tetanus Toxoid, Reduced Diphtheria Toxoid and Accellular Pertussis Vaccine, Absorbed (Tdap) products were licensed by the FDA in 2005 as single dose booster vaccines to provide protection against Tetanus, diphtheria, and pertussis. GlaxoSmithKline's BOOSTRIX® is indicated for persons 10 through 18 years of age, and Sanofi Pasteur's ADACEL™ is indicated for persons 11 through 64 years of age. The official ACIP recommendations from **February 23, 2006 / 55(Early Release);37-38** are available for review at the CDC's Morbidity and Mortality Weekly Report (MMWR) Web Site http://www.cdc.gov/mmwr/

Recommendations for Use

1) Adolescents aged 11--18 years should receive a single dose of Tdap instead of Td for booster immunization against tetanus, diphtheria, and pertussis if they have completed the recommended childhood DTP/DTaP vaccination series* and have not received Td or Tdap. The preferred age for Tdap vaccination is 11--12 years; routinely administering Tdap to young adolescents will reduce the morbidity associated with pertussis in adolescents.

2) Adolescents aged 11--18 years who received Td, but not Tdap, are encouraged to receive a single dose of Tdap to provide protection against pertussis if they have completed the recommended childhood DTP/DTaP vaccination series.* An interval of at least 5 years between Td and Tdap is encouraged to reduce the risk for local and systemic reactions after Tdap vaccination. However, an interval less than 5 years between Td and Tdap can be used. The benefit of using Tdap at a shorter interval to protect against pertussis generally outweighs the risk for local and systemic reactions after vaccination in settings with increased risk for pertussis or its complications.

3) Vaccine providers should administer Tdap and tetravalent meningococcal conjugate vaccine ([MCV4] Menactra®) (which both contain diphtheria toxoid) to adolescents aged 11--18 years during the same visit if both vaccines are indicated and available.

1-B. Dosage and Administration

The dose of Tdap is 0.5 mL, administered intramuscularly (IM), preferably into the deltoid muscle.

* Five doses of pediatric DTP/DTaP before the seventh birthday; if the fourth dose was administered on or after the fourth birthday, the fifth dose is not needed.

***** Miscellaneous News and Information *****

The new MMR/Varicella (ProQuad) and Rotavirus (RotaTeq) vaccines were licensed too late in the fiscal year for the IIP to be able to request that the legislature approve them for addition to Idaho's Vaccines for Children Program. Typically, the next opportunity to ask that these new vaccines be added to the IIP inventory will be in calendar year 2007.

Please remember to order new VIS forms for the new Tdap and Menactra vaccines if you place an order for them. Currently they are available only as an English version.

The IIP has just received EIPV from Sanofi Pasteur in a 10 pack prefilled syringe presentation. Providers may now request EIPV as either prefilled syringes or 10 dose vials from the IIP.

Beginning around May 10th the IIP will distribute the last vials of Prevnar to Idaho providers. After the last vials of Prevnar are distributed Wyeth will only produce Prevnar as 10 packs of prefilled syringes. Please be aware of the extra room that will be needed for the storage of your next order of Prevnar, Tdap and Menactra. Providers should examine their refrigerator storage capacity and should take all steps necessary to provide adequate and safe storage capacity for IIP supplied vaccines.

Please place Influenza orders beginning in August 2006 for the 2006/2007 influenza season.

***** Vaccine & Supply Order Form - changes *****

Several major changes have been made to the **Vaccine & Supply Order Form** for 2006. As the number of vaccines offered grows and their costs increase, the National Immunization Program has asked each state to improve their vaccine ordering and accountability systems. In an effort to better manage Idaho's vaccine supplies, reduce the number of emergency shipments, and to reduce loss due to vaccines expiring before they are used; the IIP will ask each provider to list their **current on-hand-inventory** for each vaccine and to list the number of doses of each vaccine being ordered on the updated order form.

A copy of the updated 2006 order form indicating the change in packaging for Prevnar and EIPV is attached. Please use this updated Order form for the remainder of calendar year 2006. Please be aware that MMR/Varicella is not available at this time and if ordered will not be filled. The IIP will notify providers if and when any new vaccine becomes available.